

CONTROLLED SUBSTANCE TRAINING AID UTILIZATION RECORD

For use of this form, see AR 190-12; proponent agency is ODCSOPS

PAGE NO.

NO. OF PAGES

CONTAINER/TRAINING
AID NO.

ORGANIZATION/INSTALLATION

DEA REGISTRATION NO.

DEA FORM 222 NO.

DATE AND
TIME OUT

WEIGHT
OUT

RECEIVED BY (Signature,
grade and title)

DATE AND
TIME INWEIGHT
INRECEIVED BY (Signature,
grade and title)

REMARKS